

Asylum Notes.

THE TREATMENT OF THE ACUTELY INSANE IN GENERAL HOSPITALS.

Last year a revised code of lunacy laws, under the name of the Gallup Lunacy Bill, passed the New York Legislature, and only failed to become a law by the opposition of the Governor. The same bill is to be introduced again at the present session. The New York Neurological Society, at its January meeting, appointed a committee, consisting of Dr. Frederick Peterson, Dr. Charles L. Dana, and Dr. Ralph L. Parsons, to examine and report upon this proposed new law. After commenting favorably upon some very excellent features of the bill, and after vigorously opposing the method of commitment prescribed therein, this committee closed its report at the February meeting with a number of recommendations, among which one in particular is deserving of careful attention, because of the novelty of the suggestion. We refer to the following: "A clause should be introduced into the bill providing that nothing in the lunacy laws of the State shall be construed to interfere with the reception and treatment of acute cases of insanity in chartered general hospitals, in the same manner and under the same conditions as patients suffering from other diseases are there received and treated, provided such hospitals have suitable accommodations approved by the State Commission in Lunacy."

In our opinion, this is the most valuable portion of the committee's report, for it suggests a step forward in the line of a great reform. The day of huge aggregations of persons with chronic and acute insanity in the palatial caravansaries known as asylums, where the mere attendance to the physical wants of the patients is often deemed sufficient therapeutics, is about to pass away. The insane are no longer to be considered in the light of dangerous criminals, and asylums are not always to bear the stigma of existing as a species of jail. What is the fate of a person with acute, curable insanity—one that could recover in from three weeks to three months—when sent to one of these "cathedral" institutions? His personality is entirely lost in the horde of from six hundred to two thousand mad people among whom he is placed. The superintendent, usually busy with the farming and plumbing, seldom has time to see the patients. A young assistant physician, commonly of small experience, takes the patient in hand along with the two hundred that he is to see twice daily. He cannot spend more than three hours if he will with the two hundred patients, because the clerical work required of him consumes

not only most of his day, but part of his night. The patient is considered, not as an individual, sick and requiring treatment, but in relation to the other patients of the ward. Does he disturb others? Then narcotize him. If that is impossible, put him into the pandemonium known as the "back ward." There his sick brain, before haunted only by his own phantasmagoria, beholds materialized the hideous specters of his imagination. And it is doubtful if any one in delirium has ever seen aught to compare with the waking nightmare of a "back ward" in some asylums.

Doubtless most asylum authorities do all in their power to improve the environment of their charges as far as is possible under present conditions, but proper individualization must necessarily be unattainable in such a concourse of people and with such small assistance. Hence it is that of late the question of radical reform in the present methods of caring for the insane has become more and more prominent. They are hereafter to be treated, at least in the earliest stages of their aberration, like other sick persons, only with greater delicacy and care, because the most complex and sensitive organ of their bodies is the one that is diseased.

We read of the provision of reception-houses in New South Wales and Queensland, and of lunacy wards in public hospitals in Victoria, for the treatment of insanity in its early stages. A psychopathic hospital with a hundred beds is about to be built in London, the administration of which is not to differ from that of a general hospital. The staff is to consist of a resident medical officer of asylum experience, and assistant, four visiting physicians, a consulting surgeon, an ophthalmologist, an aurist, a laryngologist, a gynecologist, and a pathologist. A still later step in the direction of reform is the organization of an out-patient department at the West Riding Asylum, near Wakefield, England, which is calculated to change the present routine line of action completely with regard to the early treatment of the insane poor.

With these facts in mind, we cannot speak too favorably of the action of the committee of the New York Neurological Society. Their proposition to place it in the power of the sixty-three chartered general hospitals of this State to open special wards for the reception of the acutely insane, under the same conditions precisely as other classes of patients are received, would lead to vast improvement in the early and efficient treatment of the nutritive disorders of the brain. It would create a number of reception wards

in various parts of the city and State, where there is now absolutely no place for such purpose. Bloomingdale is overcrowded and about to be removed from the city. The method will lead to greater individualization, a deeper scientific study of insanity, and the training of nurses and practitioners for the better recognition and care of insane patients in their own homes, and many will recover without having attached to their name and reputation the inevitable stigma of having been in an asylum.—*N. Y. Med. Journal*, Feb. 22, 1890.

Book Reviews.

A TREATISE ON HEADACHE AND NEURALGIA, including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. Leonard Corning, M.A., M.D., Consultant in Nervous Diseases to St. Francis' Hospital, the Hackensack Hospital, etc., etc. With an Appendix: EYE-STRAIN, a Cause of Headache. By David Webster, M.D., Professor of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, etc. E. B. Treat & Co., Second Edition.

No physician of average intelligence can fail to extract enjoyment from the perusal of this, the second edition of Dr. Corning's book on Headache and Neuralgia. For several years past this accomplished physician has devoted much attention to the practical management of pain; indeed, no one among the present generation of physicians in this country, it is safe to say, has written or accomplished as much in this important field. We say accomplished, since the author of this volume is not only endowed with keen perceptive power and rare originality, but likewise with a forcefulness and lucidity of style which facilitates the transfer of knowledge, and renders the perusal of his writings rather a pleasure than a task.

Space does not permit us to review in detail this excellent volume; but we have no hesitation in saying, that in no other monograph on headache with which we are acquainted is so much that is original and practical to be found. Many of the suggestions regarding the management of pain, whether intra-cranial, extra-cranial, spinal or neural in its origin, is in the highest degree original and suggestive.

As regards Dr. Webster's appendix on Eye-Strain as a cause of headache, we have likewise only words of commendation to offer.